FOR INSTRUCTIONS, SEE BACK OF FORM

File with lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A

Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically, Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM IMPORTANT: Indicate by # type of committee you are reporting for. DR-2 DISCLOSURE (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (8) City PAC (10) School Board or Other Political Subdivision PAC ((Rev. 12/2009) REPORT For Office Use Only Comm. # 1893) CANDIDATE COMMITTEES ONLY: Candidate Name Logged In Political Party (if applicable) Scanned Computer Office Sought District (if Senate or House) Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 688.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. SIGNATURE OF PERSON FILING REPORT -22-13 I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a DR-3 is filed.) County & Local Committees, enter County in which Election is held heroke STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below) Schedule F; Loans Received total (Attach Schedule F)..... Schedule H: Total Sales of Campaign Property (Attach Schedule H).... (Schedule Happiles to Candidates' Committees Only) SUB-TOTAL SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)..... Schedule F: Loan Repayments total (Attach Schedule F).... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ *IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)\$ **OUTSTANDING LOANS (From Schedule F - Attach Schedule F)....... CONSULTANT BREAKDOWN (Schedule G Attached?) YES ___ NO CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

FOR INSTRUCTIONS,	SEE	BACK	OF	FORM
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COMMITTEE NAME (Must be same as on Statement of Organization)

1-4707	11, 1		10.2
PA	CAP	EA	m
7900	360	T.O	7111
	Name and Address of the Owner, where	THE REAL PROPERTY.	Married P.

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	K THIS BOX IF

Rick	Mongan In	2 CharokeE/b. Supe	ruisor	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/19	ID#	MARCUS News	News paper Ads	
119	CK# A 3	marcus IA		\$72.00
10/20	CK#14	Chronicle Times Cherokes, IA	Na ws paper Ads	2 22,00
	ID#	Chelores, IA		d ddioo
	CK#			
	1D#			
	CK#			
	ID#			
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	ID#			
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	CK#			
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	CK#			
		THE REAL PROPERTY AND ADDRESS OF THE PERSON	CUP TOTAL	

TUIS	BAV	A PANA DECEM	TO CANDIDATES' COMMITTEES ONLY	-
11763	DUJK.	APPI INT	TO CANDIDATED COMMENTERS OF THE	

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lows Code 68A.402(3)(i).)

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(for Schedule B)

TOTAL (if last page of this schedule)

	Must be same as on Statement of Organization)	RESET	F (Rev. 02/08)	LOANS RECEIVEI & REPAID
OTE: This schedule	reports money loaned to the committee which is deposited in the NS FROM LAST REPORTING PERIOD S 2 050 12	e committee account.	AMENDIN	
ART I - MONETARY (Original sou	V LOANS RECEIVED THIS REPORTING PERIOD Urce of loan, such as a bank, must be shown if a third party is in	volved. Include loans from candid	iate's personal fu	nds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF	LOAN
			\$	
				-
ART II - MONETAR (Loans forg	Y LOAN REPAYMENTS MADE THIS REPORTING PERIOD	TOTAL (PART I)	\$	
	iven must be reported on Schedule E - In-kind Contributions.)			
DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT RE	PAID
DATE PAID (MMVDD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	CANDIDATE* (If Applicable)	AMOUNT RE	PAID
DATE PAID (MMVDD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	334,4	
DATE PAID (MMDD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	CANDIDATE* (If Applicable)	\$	
DATE PAID (MMVDD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	CANDIDATE* (If Applicable)	\$	
DATE PAID (MMDD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	CANDIDATE* (If Applicable)	\$	
DATE PAID (MMVDD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	CANDIDATE* (If Applicable)	\$	
DATE PAID (MMVDD/YR)	NAME AND ADDRESS OF LENDER (Include Enclorer's Name, if Applicable) PICK Mongan OUS Huy 3 TOTAL CASH RE	CANDIDATE* (If Applicable) Self PAYMENTS (PART II)	334.4	/
DATE PAID (MMDD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable) PICK Mongan 1005 Huy 3 140 Folks Sing IA 5/0/2	CANDIDATE* (If Applicable) Self PAYMENTS (PART II) LOANS FORGIVEN	334,4	/

4 .9 3396 P. 4